Family Professional Partnership - A Continuum Toward Collaboration

	Conventional System	Cooperative System	Collaborative System
S Y S T E	*Families are viewed as system/agency obligations – recipients; *Resource distribution and policies center around agency mandates and specializations.	*Policy makers may include families as guests, participants in focus groups; *The opinions of families are solicited as representatives of a consumer group, to be considered in governance, resource, policy decisions.	*Policy makers view family members as partners in governance, resource, policy decisions; *Decisions are not made without meaningful/equal status family participation; procedures to ensure family inclusion in system, program, and practice levels are implemented; *Resource distribution and policies promote a flexible and active community of families, providers and citizen helpers to achieve common goals.
P R O G R A	*Agency/organization program managers view families as clients, patients - recipients of services/treatment; *Resource decisions consider # of families projected to need certain service slots within confines of agency mandates and resources.	*Agency/organization program managers may include families as guests in governance groups, participants in focus groups to assess client satisfaction and needs; *Resource decisions consider # of families projected to be 'shared' as common clients across agencies.	*Agency/organization program managers view families as valued experts in their own right, as partners who possess resources, community information and influence; *Family inclusion in planning, management and evaluation decisions is 'a given', efforts to ensure participation a priority; *Resource distribution is planned, implemented and assessed by community coalitions, measured by outcomes of common goals.
P R A C T I C E	*Families must seek services within confines of each agency, organization; *Services are generally 'one size fits all', according to the agency/organization's mandates; *Services are designed, delivered, and evaluated by providers.	*Families receive case management/ coordination to assist access to services across agencies, organizations; *Services are designed, delivered by providers, with some/isolated modification to meet unique family needs; *Family input in evaluation of services is sought.	*Service planning and implementation is driven by family strengths and needs, reflecting family context and culture; *Services are broadened to incorporate wraparound approaches to fill service gaps according to unique family strengths and needs - a one-family/one-plan; *Families are full partners in the design, delivery, and evaluation of services.